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Subject: Disclosure of CYSHCN Clients to Hospitals, etc.

Effective Date: July 1, 2010

## **Policy Statement:**

To ensure proper billing, CYSHCN enrolled participants should provide hospitals and providers with CYSHCN service authorization at time of service provision or admission.

## Procedure

CYSHCN will send copies of the authorizations to the hospital or other entity providing space for specialty clinics, physicians or others providing services, parents and others as appropriate.